

APPLICATION FOR EMPLOYMENT

DATE _____

EQUAL OPPORTUNITY EMPLOYER – South Central Roofing Inc. is an Equal Opportunity Employer and complies with all applicable Federal and State laws and regulations. SCR does not discriminate against any person(s) because of age, race, color, creed, religion, disability, gender, ethnic or national origin, or veteran status. SCR will reasonably accommodate applicants with a disability, upon request, and will also ensure reasonable accommodations for employees with a disability.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)	DRIVERS LICENSE #	SOCIAL SECURITY #	Birth date
_____	_____	- -	__/__/__
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE # (S)	REFERRED BY:		
DAY () _____	EVENING () _____	_____	

EMPLOYMENT DESIRED

POSITION _____	DATE YOU CAN START _____	SALARY DESIRED \$\$ _____
ARE YOU _____ YES _____ NO	IF SO, MAY WE INQUIRE _____ YES _____ NO	OF YOUR PRESENT EMPLOYER?
APPLIED TO THIS COMPANY BEFORE? _____ YES _____ NO	WORKED FOR THIS COMPANY BEFORE _____ YES _____ NO	WHEN? _____

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK / SPECIAL TRAINING / SKILLS

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO
IF YES give date, place, offense, and outcome.

Previous convictions do not necessarily disqualify an applicant from employment
U.S. MILITARY / NAVAL SERVICE: _____ RANK: _____
ARE YOU WILLING TO TAKE A DRUG SCREEN TEST? _____ YES _____ NO

FORMER EMPLOYERS

DATE MONTH & YR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____

REFERENCES OTHER THAN FAMILY OR PAST EMPLOYERS

NAME	PHONE #	RELATIONSHIP	YRS KNOWN
_____	(____) _____	_____	_____
_____	(____) _____	_____	_____
_____	(____) _____	_____	_____

AUTHORIZATION

I also understand that SCR is an "at will" company and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for termination. I voluntarily authorize SCR to obtain a background screening report in connection with my application and/or for decisions regarding offers of employment or continued employment. I authorize verification of all statements contained herein and the references and employers listed above may have, personal or otherwise, and release the company of all liability for any damage that may result from utilization of such information.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ AND FULLY UNDERSTAND SOUTH CENTRAL ROOFING'S POLICY REGARDING FALSIFIED INFORMATION AND BACKGROUND SCREENING.

DATE _____ SIGNATURE _____

DRUG AND ALCOHOL SCREENING POLICY

Any person seeking employment with South Central Roofing Inc., will be required to take a pre-employment Drug and Alcohol Screening Test. ****NEW HIRES WILL BE REQUIRED TO PAY ALL TESTING COSTS UP FRONT. PLEASE KEEP ALL RECEIPTS FROM TESTING COMPANY AND RETURN TO SCR OFFICE FOR REIMBURSEMENT. ONCE YOU ARE EMPLOYED, YOU WILL BE REIMBURSED ON YOUR FIRST PAYCHECK, IF TEST RESULTS ARE NEGATIVE (PASSING).**

Any employee who refuses to participate in the Random Drug and Alcohol Screening Test will be immediately terminated. South Central Roofing Inc., will pay for all random Drug and Alcohol Screens given, with the exception of failed tests. Employees will be responsible for payment of any failed test.

FAILURE TO COMPLY WITH THIS POLICY WILL BE GROUNDS FOR IMMEDIATE TERMINATION. BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ AND FULLY UNDERSTAND SOUTH CENTRAL ROOFING'S DRUG AND ALCOHOL POLICY.

DATE _____ SIGNATURE _____

****DO NOT WRITE BELOW THIS LINE****

REMARKS

INTERVIEWED BY _____ DATE _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED _____ POSITION _____ START DATE _____

HOURLY RATE _____ SUPERVISOR _____